

## Pricing Review and Appeals - Tennessee

Pharmacy providers may appeal a reimbursement for all drugs and medical products or devices and request a review of the pricing. All appeals and questions regarding should be directed to [support@rxpreferred.com](mailto:support@rxpreferred.com).

The pharmacy must file its appeal within seven (7) business days of its submission of the initial claim for reimbursement for the drug or medical product or device. The pharmacy benefits manager must make a final determination resolving the pharmacy's appeal within seven (7) business days of the pharmacy benefits manager or covered entity's receipt of the appeal.

Pharmacies contracted directly with RxPreferred may appeal directly to RxPreferred using the process provided herein. If the pharmacy provider is member of a chain, franchise, Pharmacy Services Administrative Organization (PSAO), or similar organization, it is requested to direct its appeal to its corporate office or third party administrator office. Corporate offices and PSAO groups can then appeal on behalf of all their member pharmacy providers.

If the final determination is a denial of the pharmacy's appeal, RxPreferred will state the reason for the denial and provide the national drug code of an equivalent drug that is generally available for purchase by pharmacies in this state from national or regional wholesalers at a price which is equal to or less than the maximum allowable cost for that drug.

If a pharmacy's appeal is determined to be valid by RxPreferred, then within seven (7) business days after notice of the appeal is received, RxPreferred will:

- (i) Make the necessary change to the challenged rate of reimbursement or actual cost;
- (ii) If the product involved in the appeal is a drug, then provide to the pharmacy or agent the national drug code number for the drug on which the change is based;
- (iii) Permit the challenging pharmacy to reverse and rebill the claim upon which the appeal is based;
- (iv) Pay or waive the cost of any transaction fee required to reverse and rebill the claim;
- (v) Reimburse the pharmacy at least the pharmacy's actual cost for the prescription drug or device; and
- (vi) Apply the findings from the appeal as to the rate of reimbursement and actual cost for the particular drug or medical product or device to other similarly situated pharmacies.

Please submit the appeal via the procedure described below. All submissions are required in the electronic format provided. Invoices detailing the acquisition costs may be taken into consideration for the appeal, but are not required. The requesting party will receive an email response detailing whether

the appeal has been approved for a price update or denied. For a copy of these instructions and forms, visit our website at [www.rxpreferred.com/provider-resources](http://www.rxpreferred.com/provider-resources).

**Appeal Procedure:**

Fill out the provided Appeal Form in its electronic format.

**Required Fields:**

Contact Name

Contact Email Address

Pharmacy Provider NCPDP ID or NPI#

Rx #

Fill Date

NDC

Quantity

Submit the completed file to [network@rxpreferred.com](mailto:network@rxpreferred.com).

Effective Date: 2025

Responsible Department: Legal

Department Review Date: 4/3/25